## CITY OF TAYLORSVILLE RECORDS REQUEST FORM

To: City of Taylorsville

**Taylorsville Police Department** 

2600 West Taylorsville Blvd. Taylorsville, UT 84118

-	Please Print			
Maili	ng Address:			
	Street	City	State	Zip Code
Dayti	me telephone number:	Case numbe	r:	
Signa	ture:	Date:		
dent	ification:			
Statem	CRIPTION OF REQUESTED RECORDS (Specients, Photos, or Tapes. PROVIDE A CASE NUM of involved individuals, etc.:			
_	I would like to inspect (view) the records. I would like to receive a copy of the records. I copying charges or research charges as permitt If costs exceed the amount I have specified, I f respond to a request for copies if I have not aways to respond to this request.	ted by UCA § 63-2-203. I auturther understand that the of	thorize costs fice will conta	of up to \$ act me and will not
f the	requested records are not public, please e	xplain why you believe y	ou are entit	led to access.
_ _ _	I am the subject of the record.  I am the person who provided the information.  I am authorized to have access by the subject of Documentation required by UCA § 63-2-202, in Other, please explain:	of the record or by the person	who submitte	ed the information.
_	I am requesting expedited response as permitte benefits the public rather than a person.)	ed by UCA § 63-2-204 (4)(a)	. (Releasing t	he record primarily